

SCHOOL IMAP APPROVAL FORM

School Corporation/School Name Address City, State Phone #

Submitter information:

Name Title Phone # Email address

I attest that the following educators have completed their 2nd year IMAP requirements and are eligible for their Proficient Practitioner license.

IMAP Candidate's Name(as it appears on license) & last 4 digits of ss#			Teacher/School Services/Administration	School Name	Completed (X)
FIRST	LAST	Last 4 of Social Security #			
Sally	Smith	3456	Teacher	Red Brick Elementary	X